



City of Carmel/Clay Township

Permit #: _____

RESIDENTIAL IMPROVEMENT LOCATION PERMIT APPLICATION

For Single Family, Town Home, & Two Family: New Structures, Additions, Remodels, & Accessory Structures

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|-------------------------|--------------------------------------------------------------|------------------------------|--|
| BUILDER OF RECORD: | NAME: _____ | | PHONE: _____ | | FAX: _____ | |
| | STREET ADDRESS: _____ | | CITY: _____ | | STATE: _____ ZIP: _____ | |
| | BUILDER'S EMAIL ADDRESS: _____ | | | BEST METHOD OF CONTACT: _____ | | |
| PROPERTY OWNER: | NAME: _____ | | PHONE: _____ | | FAX: _____ | |
| | STREET ADDRESS: _____ | | CITY: _____ | | STATE: _____ ZIP: _____ | |
| LOCATION & PROJECT INFO: | LOT #: _____ | | SUBDIVISION NAME: _____ | | SECTION: _____ ZONING: _____ | |
| | ADDRESS OF CONSTRUCTION: _____ | | | | SQUARE FOOTAGE: _____ | |
| SEWER UTILITY PROVIDER: _____ | | WATER UTILITY PROVIDER: _____ | | ESTIMATED COST OF CONSTRUCTION: (EXCLUDING LAND VALUE) _____ | | |
| NAME OF UTILITY EXCAVATION CONTRACTOR; PLAN COMMISSION / BZA / BPW DOCKET NUMBERS; TAC DATE(S); AND/OR COUNTY WELL AND/OR SEPTIC PERMIT #'S (IF APPLICABLE): _____ | | | | | | |
| FLOOD ZONE AREA DESIGNATION(S) FOR THIS PROPERTY: _____ | | | | TAX MAP PARCEL #: _____ | | |

TYPE OF CONSTRUCTION:

- ☐ SINGLE FAMILY
☐ TOWN HOME
☐ TWO FAMILY
 # of units being constructed at this time: _____
☐ RESIDENTIAL (For Additions, Remodels, Etc.)

TYPE OF IMPROVEMENT:

- ☐ NEW STRUCTURE
☐ ROOM ADDITION(S)
☐ PORCH ADDITION(S)
☐ DECK ADDITION(S)
☐ REMODEL
 _____ Basement Finish only
☐ ACCESSORY BUILDING
☐ DETACHED GARAGE
☐ ATTACHED GARAGE
☐ DEMOLITION

PLUMBING CONTRACTOR:

Plumber's Indiana State License #: _____

Which plumbing codes will be applied to the construction:

- ☐ International Residential Code w/Indiana Amendments
☐ Uniform Plumbing Code w/Indiana Amendments

PROJECT INFORMATION:

Early Release Permit: _____Y _____N
Lot Split: _____Y _____N

Manufactured Trusses: _____Y _____N
Sump Pump: _____Y _____N

FOUNDATION TYPE: (Check all that apply for the new construction area)

- ☐ CRAWLSPACE ☐ POST & _____ BEAM _____ PIER
☐ SLAB ☐ BASEMENT (WALKOUT: _____Y _____N)

For Single Family and Two Family dwellings, additions, remodels, and/or accessory structures, this permit is valid only if construction commences within 180 days of the date of issuance of the building permit, and must be completed (Certificate of Occupancy issued) within 18 months of the issuance date. Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a *Certificate of Occupancy* has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____

Print _____

Date _____

OFFICE USE ONLY: *****

INSPECTIONS REQUIRED:

Upper Footing Lower Footing Under Slab
Rough In Meter Base Final Site

Filing Fees: _____

Base Inspections: _____

Cert. of Occupancy: _____

P.R.I.F.: _____

Charged Re-Reviews _____

Additional Fees _____

TOTAL: _____

Reviewed/Approved: Dept. of Community Services (Date) _____

S:Permits/Forms/ILP RESIDENTIAL

Fee Received by: _____

Date _____